S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency, 2251.

PLACE OF DEATH

County of KING

City or Town of SEATTLE

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3362 Record No.

3501 Registered No.

Registration Dist. No. ..... No. 1515 - 23rd So.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME DOMENICA CONSTANTINO

(a) Residence No. 1515 - 23rd So. St.;
(Usual place of abode)

(b) If non-resident, give city or town, and state .....

(c) How long in Registration Dist. 4 yrs. ..... mos. ..... ds.; how long in U. S. if of foreign birth ..... yrs. ..... mos. ..... ds.

Personal and Statistical Particulars

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
Female	White	Single

5. (a) If married, widowed or divorced:
Husband of
or
Wife of

6. Date of birth: August (Month) | 15 (Day) | 1926 (Year)

7. Age: ..... yrs. | 4 mos. | 0 ds. | If less than one day: ..... hrs. ..... or min.

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. Birthplace (City or town) .....
(State or country) Seattle, Wash.

PARENTS

10. Name of Father Lawrence Constantino
11. Birthplace of Father (City or town) (State or Country) Italy
12. Maiden name of Mother Catherine Hubl
13. Birthplace of Mother (City or town) (State or Country) Tacoma, Wash.

14. Informant Lawrence Constantino
Address 1515 - 23rd So.

15. Filed DEC 17 1926, 192 E. T. HANLEY, M. D.
Registrar.

Medical Certificate of Death

16. Date of death Dec. (Month) 15 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1926, to Dec. 15, 1926, that I last saw her alive on Dec. 15, 1926, and that death occurred on the date stated above, at 10 P. m.
(State the disease causing death, or in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL).
The CAUSE OF DEATH was as follows:

(Primary) Acute Broncho Pneumonia

(Duration) ..... yrs. ..... mos. Abt 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at the place of death?
(a) Did an operation precede death? No Date of .....
(b) Was there an autopsy? No
(c) What test confirmed diagnosis? Clinical

(Signed) Thomas R. Loer M. D.
12 - 17, 1926 Address Stimson Bldg.

19. Place of Burial, Cremation or Removal: Calvary | Date of Burial: Dec. 17, 1926

20. Undertaker: J. R. Manning | Address

JAN 7 1927

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions .....
(Insert numbers of unanswered questions)

(Signature of Undertaker)

Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.